Uniform California Application/Notice

			ESTABLISH	RELOCATE	DISCONTINUE
Type of Application or No	otice: B	BRANCH			
		TM FACILITY			
n shadad area neither annlica		LACE OF BUSINESS/LPO otice required for federal purpose	es (Check one or r	nore appropriate	hoves)
			33. (CHECK ONE OF I		JUACS/
Report for Exempted Trans	action?	(Yes/No)			
APPLICANT INFORMAT	ION:				
Name:					
Address:		(City	State	Zip Code
Correspondent's Name:	_				
Address:		(City	State	Zip Code
LOCATION:					
Official Name of Branch:	_				
Proposed Address:					
	City	County		State	Zip
Address of Office	_				Code
Address of Office to be Discontinued:					
	City	County		State	Zip Code
Proposed Date					
APPLICATION DETAILS:		-			
which will no longer be 2. Are premises or equip connection with this a 3. Please provide a brief advantage, or not have 4. Is the establishment o in the state where the 5. If there is any require through newspaper pu	e provide ment to pplicatio stateme a mate r relocate branch is ment to blication	be purchased or leased from in? If so, provide details. nt as to why the subject of t irial adverse effect on the pul- tion of the branch consistent	n an officer, direction withis application with convenience twith intrastate to the bank's culd place of such r	vill promote the and advantage branching rest astomers, or ge octification.	D) percent shareholde e public convenience rictions which may e
For Applications Involving	Branch (Offices Only (Information for	federal purposes):	
		was not at least satisfactorial promote the bank's effo			
7. If enacted, will the su	ric or cul	f this application result in th Itural significance? For FDIC ric Preservation.			
8. Does the proposed bra	inch con	nply with local zoning ordinar	nces?		
Officer's Signature:			Date: _		
Nan	ne:		Title:		